

2891 U.S. PTO

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PTO/SB/50 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. PATENT AND TRADEMARK OFFICE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Docket No.	FL12-047
Assistant Commissioner for Patents	First Named Inventor	Randy Sines
Box Reissue	Original Patent Number	5,934,998
Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)	08/10/99
	Express Mail Label No.	EL465782435US

APPLICATION FOR REISSUE OF: *Utility Patent* *Design Patent* *Plant Patent*
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)

2. Applicant claims small entity status. See 37 CFR 1.27.

3. Specification and Claims in double column copy of patent format (*amended, if appropriate*)

4. Drawing(s) (*proposed amendments, if appropriate*)

5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)

6. Power of Attorney

7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))

Written Consent of all Assignees (PTO/SB/53)

37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)

8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table

9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)

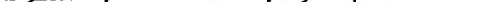
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label **021567** or Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name			
Address			Zip Code
City		State	Fax
Country		Telephone	

NAME (Print/Type)	Randy A. Gregory	Registration No. (Attorney/Agent)	30,386
Signature		Date	Aug. 10, 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) FL12-047				
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 8	Total Claims (37 CFR 1.16(j))	(B) 54	*** 8 = x \$ 9 =			x \$ _____ = 324		
(C) 1	Independent claims (37 CFR 1.16(l))	(D) 3	* 0 = x \$ 40 =			x \$ _____ = 0		
				Basic Fee (37 CFR 1.16(h)) \$ 355				
				Total Filing Fee \$		OR \$ 679		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	** 8	* = x \$ 9 =		x \$ _____ =		
Independent Claims (37 CFR 1.16(l))	***	MINUS	***** 1	= x \$ 40 =		x \$ _____ =		
				Total Additional Fee \$		OR \$		

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.
 ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
 *** After any cancellation of claims.
 **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
 ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. 23-0925 in the amount of _____.
 A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 23-0925.
 A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 679 to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Aug. 10, 2001
 Date


 Signature of Applicant, Attorney or Agent of Record

Randy A. Gregory
 Typed or printed name

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